## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

31507

| CLAIMS AS FILED - PART I<br>(Column 1)  |   |   |              |                               |                              | (Column 2)       |          | SMALL ENTITY TYPE  |                        |    | OTHER THAN OR SMALL ENTITY |                        |
|---|---|---|--------------|-------------------------------|------------------------------|------------------|----------|--------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 45           |                               |                              |                  | Γ        | RATE FEE           |                        |    | RATE                       | FEE                    |
| FOR   |   |   | NUMBER FILED |                               | NUMB                         | ER EXTRA         | В        | ASIC FEE           | 355.00                 | OR | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | 45 minus 20= |                               | . 25                         |                  |          | X\$ 9=             | 225                    | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |   |   | 6 minus 3 =  |                               | * 5                          |                  |          | X40=               | 120                    | OR | X80=                       | 7.,                    |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT       |                               |                              |                  |          | +135=              |                        | OR | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter  |   |   |              |                               | "0" in c                     | olumn 2          | L-       | TOTAL              | 700                    | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |   |   |              |                               |                              |                  |          | SMALL E            | NTITY                  | OR | OTHER<br>SMALL             |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **                            |                              | = :              | L        | X\$ 9=             |                        | OR | X\$18=                     |                        |
|   | Independent   | * NTATION OF M                            | Minus        | ***                           | T CL AIRA                    | =                |          | X40=               |                        | OR | X80=                       |                        |
| H   | FIRST PRESE   | INTATION OF M                             | OLTIPLE DE   | PENDEN                        | CLAIM                        |                  |          | +135=              |                        | OR | +270=                      |                        |
|   |   |   |              |                               |                              |                  | ۸۲       | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT, FEE        |                        |
|   |   | (Column 1)                                |              | (Colu                         | mn 2)                        | (Column 3)       | ~L       | /                  |                        |    |                            |                        |
| AMENDMENT B   | k<br>k  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGI<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **                            |                              | =                |          | X\$ 9=             |                        | OR | X\$18=                     |                        |
|   | Independent   | *   | Minus        | ***                           | T OL 4114                    | = .              | Γ        | X40=               |                        | OR | X80=                       |                        |
|   | FIRST PRESE   | NTATION OF M                              | OLTIPLE DEI  | PENDEN                        | CLAIM                        |                  |          | +135=              |                        | OR | +270j=                     |                        |
|   |   |   |              |                               |                              |                  | <u>Γ</u> | TOTAL<br>ODIT. FEE |                        | OR | TOTAL<br>ADDIT, FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |              |                               |                              |                  |          | , J. ( , ) L. (    |                        | _  |                            |                        |
| AMENDMENT C   | ,   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE | -  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **                            |                              | =                | 8        | X\$ 9=             |                        | OR | X\$18=                     |                        |
|   | Independent   | *   | Minus        | ***                           | T CL AIR                     | =                |          | X40=               |                        | OR | X80=                       |                        |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDEN   |   |              |                               | I CLAIM                      |                  |          | +135=              |                        | OR | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |   |   |              |                               |                              |                  |          |                    |                        | OR | TOTAL                      |                        |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |                              |                  |          |                    |                        |    |                            |                        |